

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

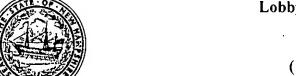
A
1. Name of Lobbyist(s) <u>Jennifer Frizzell</u>
II. Name of lobbyist's partnership, firm or corporation, if any:
NH Women's Foundation
18 LOW AVENUE COMORD NH 0330/ Business Address: (Street) (Town/City) (State) (Zip Code)
(603 226, 33.55 () e-mail Jennifer anhwomens found
III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).
All reportable transactions occurring in the months prior to the reporting date relative to the following client:
NH Women's Foundation (Full Name of Client as it appears on the Lobbyist Registration Form)
OR
All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.
IV. Date of Report April 24, 2019 July 31, 2019 D Reports cover: activity from date of registration to 3/31/19 activity from 4/1/19 to 6/30/19
October 30, 2019
activity from 7/1/19 to 9/30/19 activity from 10/1/19 to 12/31/19
V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.
VI. Check if additional reports are attached:
If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses
If you have paid an honorarium or reimbursed expenses, you must file Addendum B— Report of Honorariums or Expense Reimbursement
If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(Signature of lobby)st) (Date)
Tennifer L. Frizze// (Print Name of lobbyist) RECEIVED
APR 2 4 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A



(RSA Chapter 15:6)

1. Name of Lobbyist(s) <u>Tennifer Frizzell</u>	
II. Name of lobbyist's partnership, firm or corporation, if any:	
employed by NH Women's Four	ndation
III. Name of Client NH Women's Foundation	Date 4/24/20/9
· ·	,
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses: Pro-rated portion at the portion of all fees received in this reporting period.	relations, or public relations services ass fee amount reported shall not be
a) Total of all fees received in this reporting period of income	a) \$ # /, 050
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$
c) Total of all fees received to date (Add lines a and b)	c)\$ #1,050 00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid epenses; (b) the aggregate total of all e: meals purchased during a business is than \$10 that is given to the persor d with a value of \$25.00 or less); and rting period of greater than \$25.00 for the of greater than \$25, purchase of a tr than \$25, but not greater than \$50 expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	0.8
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
none	\$
	\$
	\$
	\$
·	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
(Signature of lobbyist)	4/24/2019 (Date)
Tennifer Frizzell (Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s)	Jennife	r trizzel	
II. Name of lobbyist's part	nership, firm or cor	poration, if any:	ŧ
employed b			ton
(Name of partn	drship, firm or corporation)		121/2212
III. Name of Client NH	WOMEN'S F	OVHOATION	Date 4/24/2019
Political Contributions			
client/lobbyist and lobbying	on that is reportable g firm, indicate the fo	pursuant to RSA Chap llowing:	ter 664 paid on behalf of the
=			
Full name of candidate:	Frien	ds of Fa	oltes.
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	500 =	Office Candidate i	s Seeking State Senate
	ribution on the line abo		ds or services provided, and enter the ution. If the actual cost is not known,
·			·
Full name of candidate:			
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	·	Office Candidate is	Seeking
	ribution on the line abo		Is or services provided, and enter the ution. If the actual cost is not known,
Full name of candidate:			
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)

		•
(If more than three contri	butions were made, report additional contribu	tions on separate addendum C forms.)
Sworn Statement/A	ffirmation by Lobbyist	
	RSA 15-B and RSA 664 and hereby to the best of my knowledge and believed.	swear or affirm that the foregoing information ef.
(Signature of lobbyi	sto Store	4/24/2019 (Date)
٠ ١		(=)

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